

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | | | |
|--|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) Environment America Action Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00531814 | | |
| Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y | | | | | |
| Full Name (Last, First, Middle Initial) of Payee Work for Progress | | | Date M M / D D / Y Y Y Y Y Y Y Y 10 / 20 / 2012 | | |
| Mailing Address 1543 Wazee Street Suite 310 | | | Amount 5000.00 | | |
| City State Zip Code Denver CO 80202 | | Transaction ID : SE.4174 | | | |
| Purpose of Expenditure Payment for voter contact program | | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: <u>OH</u> <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: BETTY S SUTTON | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 13916.60 | | | 2012 <input type="checkbox"/> Other (specify) _____ | | |
| Full Name (Last, First, Middle Initial) of Payee Work for Progress | | | Date M M / D D / Y Y Y Y Y Y Y Y 10 / 20 / 2012 | | |
| Mailing Address 1543 Wazee Street Suite 310 | | | Amount 31000.00 | | |
| City State Zip Code Denver CO 80202 | | Transaction ID : SE.4175 | | | |
| Purpose of Expenditure Payment for voter contact program | | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: <u>VA</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 86780.28 | | | 2012 <input type="checkbox"/> Other (specify) _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | | 36000.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (c) TOTAL Independent Expenditures..... | | | 36000.00 | | |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Alyssa Schuren Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y 10 / 21 / 2012</p> | | | | | |